### **ATTACHMENT 1**

## NOTICE OF INTENT (NOI) INFORMATION SHEET NPDES GENERAL PERMIT FOR OIL AND GAS EXPLORATION FACILITIES ON THE OUTER CONTINENTAL SHELF IN THE CHUKCHI SEA (Permit Number AKG-28-8100)

APPLICANT (Owner/Operator)										
Owner Nar	,	Shell Gulf of Mexico Inc.			Operator Mailing Address:		3601 C Street			
Telephone	Number:	1-907-770-3700					iling	Suite 1000		
Operator N		Shell Gulf of Mexico Inc.						Anchorage AK 99503		
Telephone	Number:	1-907-770-3700								
FACILI	FACILITY									
Facility Na	me:	Noble Discoverer			Facility Mailing Address:		3601 C Street			
Contact Na	me:	Susan Childs					Suite 1000			
Telephone	Number:	1-9	1-907-770-3700			Audiess.		Anchorage AK 99503		
Beginning	Date of	on	on or about July 4, 2015					Latitude:		
Operation:					Stationary					
Expected I	Ouration of	30 - 90 days		Facilities			Longitude:			
Operation:										
			Jackup				Initial	71deg 10' 33.39"N		
Facility Ty	pe cable type)	X	Drill Ship		Mobile Facilities			Latitude:		
(check appli			Semisubm	CISICIC			ities			
			Other (specify):				Initial	163 deg 04' 21.23"W		
								Longitude:		
RECEIVING WATER										
∑ Chukchi Sea					Other (specify):					
Y O G A TYON OF DYGGYLAD GD										
LOCATION OF DISCHARGE										
BOEM	Lease Numl	oer OCS-Y-2324								
Block Number Posey Area Block 6915										
Range of water depths below mean lower From: 145 ft To: 145 ft							145 ft			
low water (MLLW) in the lease block:				TIOIII.	145 ft			10.	145 Il	

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(Permit Number AKG-28-8100)

Discharges (check all that apply)								
X	001 Water-Bas	ed Dr	Illing Fluids and Drill Cutting	, , ,			See Discharges Tubic	
X	002 Deck Drai	nage		Depth of Discharge:			se: See Discharges Table	
X	003 Sanitary W	aste			Depth of Di	See Discharges Table		
X	004 Domestic	Waste			Depth of Di	_		
X	005 Desalination	on Un	t Waste		Depth of Di	scharg	se: See Discharges Table	
X	006 Blowout P	revent	er Fluid		Depth of Di		8	
X	007 Boiler Blo	wdow	n		Depth of Di	_		
X		•	tem Test Water		Depth of Di			
X	009 Non-Conta		_		Depth of Di	scharg	See Discharges Table	
X	010 Uncontam	inated	Ballast Water		Depth of Di	_	See Discharges Tubic	
X	011 Bilge Wate	er			Depth of Di		8	
X	X 012 Excess Cement Slurry				Depth of Di	scharg	se: See Discharges Table	
X	013 Mud, Cutt	ings, (	Cement at the Seafloor		Depth of Di	scharg	ge: See Discharges Table	
Well	Information							
Well Name: Bu			rger	Latitude:			71deg 10' 33.39"N	
Well Number:		V		Longitude:			163 deg 04' 21.23"W	
Beginning Drill Date:		about 4 July 2015		Estimated Drilling Depth			Proprietary	
Number of Planned Sidetrack Wells:								
Drilli	ng Fluids to l	be us	ed in Well Drilling					
		X	X Water-based				Lignosulfonate	
Catego		Oil-based					Lime	
(check	all that apply)		Synthetic-based	Group (check all that apply)			Gyp	
			Other (specify):	(check at	i inai appiy)	X	Sea-water	
						X	Saltwater	
Provide a description of the disposal practice of oil-							Saturated Saltwater	
based, synthetic-based, or other drilling fluids proposed						X	Nondispersed	
to be u	sed in well drilli					(Viscosifier/Polymer) PH/PA		

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The applicant must submit the following information with the Notice of Intent.

Site Map	X	Included	Submit a site map showing the exact location of the facility and discharges associated with the project. Mobile facilities must indicate the intended areas of operation, a description of operations within those areas, and the initial latitude and longitude of the facility.					
Initial Site Survey (See EMP Appendix A)		Included	Submit an initial site survey; if available at NOI submittal date, document the drill site is not located in a sensitive biological area or habitat.					
Treatment Process/Disposal Practice		Included	Submit a detailed description of the disposal mechanism of the facility, the treatment processes, and disposal practices (e.g., backhauled, reinjected, discharged).					
Line Drawing and Flow Balance	X	Included	Submit a line drawing that shows the flow, including rates/volumes of each discharged waste streams through facility. The line drawing must contain a flow balance showing average and maximum flow rates between intakes, operations, treatment units, and outfalls. Submit a list identifying all outfalls associated with each Discharge Number and the outfalls' locations. The line drawing must include all outfalls for each Discharge Number.					
Discharge Rate/Volume	X	Included	Submit a table summarizing the discharge rates (e.g., volumes day or per hour) for the requested waste streams per well and t volumes per well.					
Environmental Monitoring Program (EMP) Plan of Study	X	Included	Submit an EMP Plan of Study (Section II.A.13.d.).					
Environmental Reports and Related Plans	X	Included	Provide copies of any exploration plans, biological surveys, and environmental reports required by other federal agencies (e.g., BOEM, BSEE, USFWS, and NMFS).					
Drilling Fluid Plan	X	Included	Submit a plan for the formulation and control of drilling fluid/chemical additive systems for each well.					
Best Management Practices (BMP) Plan	X	Included	Submit the BMP Plan that incorporates practices to achieve the objectives and specific requirements of the permit.					
Quality Assurance Project		Included	Submit a quality assurance project plan (QAPP) for all monitoring required by this general permit.					
Chemical Selection   [X] Included		Included	List chemicals to be used during the drilling process and identify those that meet Norway's "green" classification.					
Cooling Water Intake Structure Requirements		res Track I Track II Track II	Indicate whether the facility meets the applicability criteria, and if so, the applicant's intent to comply with either Track I or Track II requirements.					

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### Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature:	Sem Child	Date:	1/22/2015			
Printed Name:	Susan Childs	Title:	Venture Support Integrator, Manager			
Mail Completed NOI to EPA at the following address:						
US EPA						
1200 6 <sup>th</sup> Avenue, Suite 900, M/S OWW-130						
Seattle WA 98101						

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